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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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AND STATE OF THE STATE S	DO NOT WRITE ON THIS STUB		AME	NDE	D	Į £	TOPOTRUE	1-2-1963 Prin	nary Registration	on Dist	rict No LE JA.	Registrar's No.						
SOURCE STATES S	VS 300	<u> </u>		-]	1 '	B. COUNTY WE	ayne		•		a STATE	h (OUNTY		itution: I		
SOURCE STATES S	Rev. 4/59	Ž		1		_		rporate limits, give TOWN	SHIP only)	Len	gth of stay in 1b	c. CITY	<u> </u>	n	rayme	- 7	Inside	Limits
SCORPITAL CE STATE	,	¥.		ļ		_	DOUL				•	TOWN						-72
3 4 7 8 1 1 1 1 1 1 1 1 1	1//0						HOSPITAL OR	NOT in hospital, give loce	tion)			d. STREET ADDRESS	{(f cutside,	give locatio	on)		
A / S 2 S	2///0	Δ		-		l –	INSTITUTION				Yes LI No Le	<u> </u>					KJ 104	No 🗆
### PART III. If deceased was famile to During Course of Part III. If deceased was famile associated association of Part III. If deceased was famile associated assoc	3			j		-;				Midd	le .	Last		Moi	nth	Day	,	Year
Same	4					L_			th									
TO O O O O O O O O O O O O O O O O O O						_	_			_	_		1	t birthday)				
during most of working life, even if retired) Home Piedmont 13. Analy Ecrasso even in the service of the serv	5 2			1					}					or country)	12 (11)	ZEN OE	WHAT CO	LINTRY
132. FATHER'S NAME 133. MOTHER'S MAIDEN NAME 14. NAME OF RUSSAND DE WIFE 14. NAME OF RUSSAND DE WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line 19. ONSE HAND DEATH Address 18. CAUSE OF DEATH (Enter only one cause per line 19. ONSE HAND DEATH Address 18. CAUSE OF DEATH (Enter only one cause per line 19. ONSE HAND DEATH Address 18. CAUSE OF DEATH (Enter only one cause per line 19. ONSE HAND DEATH Address 19. ONSE HAND DEATH 19. O				-		Ì "	during most of working					1 _		.,,,			ma, co	, GIVIKI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Homer Graham Piedmont, Missouri NITERVAL SETWEEN ONSET AND DEATH ONSET AND DEATH MANDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) which gave rise to straing the under- lying cause last. DUE TO (c) FART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal matter a gregameny in last 90 days The set of the cause of the county of the cause stated. YES NO. 20. TIME OF Hour Month, Day, Year INJURY OCCURRED. NOT WHILE AT WORK 20. AL MYPT SCLURRED Internation of the cause of the cause stated. 21. I attended the deceased from June 1, 1963 and last saw bar, slive on July 14, 1963 Death occurred at 1222. SIGNATURE O. A. MYPTS M. D. 20. AL MYPTS M. D. 20. AL REMATION. 23D. DATE REMOVAL Gipseith) DUTICAL 21. I attended the deceased from June 1, 1963 Death occurred at 122. NAME of CAMETERY OR CREMATORY 220. AND RETS. Chapters Of State) 17. AND WHILE AT WORK D. 220. DATE SIGNET 221. I attended the deceased from June 2 222. DATE SIGNET 222. DATE SIGNET 223. LOCATION (City, town, or county) (State) Clubb, Missouri	7	_ [5				1;		<u>.</u>	13b.	MOTHE	R'S MAIDEN NAM			NAME OF I			-	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [if yes, give war of dates of service of service of service of service of the part in p		린				ļ		Durr	M	arga	aret Shear	rrer	Wil	lliam	M. Gr	aham		
13 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u>* </u>	2		١				IN U.S. ARMED FORCES?		SOCIA	L SECURITY NO.							
IMMEDIATE CAUSE (a) Infirmaties of age months 12	970UV	l										Homer	Graham	Pie	<u>edmont</u>			
NOT WHILE AT WORK 20. Interested from pum in part 1.0	10	₹			E	•				ONSET AND DEAT							DEATH	
DUE TO (b) 13 2 -0		읽			15	Î		IMMEDIATE CAUSE (a	-1nf	ima	aties of a	ige				mc	onths	<u> </u>
NOT THE AT WORK 200. PLACE OF INJURY (e.g., in or about home, lost street at the deceased from Not white AT WORK 200. PLACE OF INJURY (e.g., in or about home, lost street at the deceased from Not white AT WORK 200. PLACE OF INJURY (e.g., in or about home, lost street at the deceased from Not white AT WORK 200. PLACE OF INJURY (e.g., in or about home, lost street at the deceased from Not white AT WORK 200. PLACE OF INJURY (e.g., in or about home, lost street at the deceased from Not white AT WORK 200. PLACE OF INJURY (e.g., in or about home, lost street at the deceased from Not white AT WORK 200. PLACE OF INJURY (e.g., in or about home, lost street at the deceased from Not white AT WORK 200. PLACE OF INJURY (e.g., in or about home, lost street at the deceased from Not white AT WORK 200. Place or title) 200. Pm on the date stated above, and to the best of my knowledge, from the causes stated. 220. INJURY OCCURRED white AT WORK 220. DATE SIGNET 220			Ιİ		lg			// > DUC TO //										
NO WHILE AT WORK Death occurred at		STE					which g	ave rise to	"								-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days there are pregnancy in last 90 days there ar	13 2-0	티	+	\dashv			stating	the under-	c)			_						
NO Death occurred at		5				<u>8</u>		. OTHER SIGNIFICANT C	ONDITIONS O	ONTRI	BUTING TO DEAT	H but not related to	the terminal	PART				
The state of the property of t		2				3		_				•			☐ Yes		№ □	Unknown
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, learn, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, learn, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, learn, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, learn, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, leaves, learn, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, leaves, lea		DWE				CERTIFI	PERFORMED?			E	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature	of injury in	PARTIO	PART, II	of item 1	8.)
20d. INJURY OCCURRED STATE 20d. INJURY OCCURRED STATE WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NOT WHILE AT WORK 21. attended the deceased from June 1, 1963 1963 1963 1963 1963 Death occurred at	N N	AME		İ		AEDICAL	INJURY s.m.		-	•								
Death occurred at Death occurr	-				-		WHILE AT WORK	:∏ farm, '	OF INJURY (c factory, street,	e.g., in office	or about home, 1 : bldg., etc.)	20f. CITY, TOWN, OR	LOCATION		COUNT	Y 		STATE
Death occurred at Death occurr	₹8₽	21. I attended the deceased from June 1, 1963 to July				L <u>y 1963 and</u>	her d last sa <u>w-mb</u> n	alive on	July	14,	1963	,						
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Clubb, Missouri	<u>8</u> 8	D R			-		Death occurred a	ıt	1,:0	00	pm on th	e date stated above, a	and to the best	of my kno	wledge, fro	om the ca	uses state	ed.
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Clubb, Missouri Clubb, Missouri	JSE	등			5		22a. SIGNATURE	(Dec	ree or title)			22b. ADDRESS	_				22c. DA1	re signer
236. BURIAL, CREMATION, 23b. DATE OF CEMETERY OF CREMATORY OF CHAPTERY OF CREMATORY Clubb, Missouri Clubb, Missouri		돐					O. A. Myers	s. M. D. O			entup	Colewater.	Missou	ri				-1
Z		_	+	\dashv	⊣ ≨	7	a. BURIAL, CREMATION	, 23b. DATE		. 11	CEMETERY OR CRE	MATORY 2				_	(State	ej
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Gish Funeral Home Greenville, Missouri 8-8-63 Yretta m. Ward	į	ITEM						_		. Mi		- 8- C	3 4	retta	-77	7. 7	Nas	rel

6961 8. T. BILL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nar	ne is recorded on the reverse side of this certificate was embalmed by me,
working under my personal supervision.	Signed Marry & Barrela
Signature of Student Embalmer	Licensed Embalmer No. 4426 P. O. Address ful dissort

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.